



MINISTRY OF HIGHER AND TERTIARY EDUCATION

**POLICY ON HIV/AIDS
FOR
TEACHERS' COLLEGES**



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Acronyms

AIDS	Acquired Immune-Deficiency Syndrome
ARVs	Antiretroviral drugs
CHBC	Community Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MOESC	Ministry of Education Sport and Culture
MOHCW	Ministry of Health and Child Welfare
MOHTE	Ministry of Higher and Tertiary Education
NAC	National AIDS Council
NACP	The National AIDS Coordination Programme
NGO	Non-governmental Organisation
PLWHA	People living with HIV and AIDS
SADC	Southern African Development Community
STIs	Sexually Transmitted Infections
TCs	Teachers' Colleges
TOT	Training of Trainers
UNAIDS	Joint United Nations AIDS Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VET	Vocational Education and Training
ZIMTA	Zimbabwe Teachers' Association
ZINTEC	Zimbabwe Integrated National Teacher Education Course
ZJC	Zimbabwe Junior Certificate
ZOU	Zimbabwe Open University

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FOREWORD

With the high prevalence of the HIV and AIDS pandemic in Zimbabwe, Southern Africa and the world, there is need to fully develop a workable policy for Teachers' Colleges in the Ministry of Higher and Tertiary Education.

According to the collaborated report on HIV and AIDS for Zimbabwe (2003) by the National Aids Council of Zimbabwe (NAC), the Government of Zimbabwe and the US Centre for Disease Control, it is estimated that up to 24.6% of people between 15 and 49 years are infected with the Human Immunodeficiency Virus (HIV).

In its April 2002 report, the Education Assessment Team stated that Zimbabwe's teachers are at substantial risk of HIV infection, and around one third of teachers are likely to be infected.

Available data shows a sharp increase in deaths within this sector. Although the causes of death are not stated, the question though remains, that of determining how many of these deaths are attributed to HIV and AIDS.

In the absence of specific data, it can be concluded that the prevalence among teachers is likely to be the same as that of the national HIV and AIDS figures in the adult population (25%). We realise that as a Ministry we cannot sustain such losses.

Efforts by the Ministry to have colleges run effective HIV and AIDS programmes have been hindered by a number of reasons including, negative attitudes by both lecturers and students who feel that HIV and AIDS is not their problem, but someone else's. Overall, it is agreed that the first step towards strengthening college-based HIV and AIDS programmes is a policy customised to meet the challenges of this sector.

The Ministry acknowledges that teachers in society are potentially powerful emissaries in the implementation of the national HIV and AIDS policy as they command respect in the communities they serve. It is with this in mind, that we again call upon them to serve the nation in this battle against the HIV and AIDS pandemic. Since the communities look up to teachers for guidance and leadership, they must not be found wanting or lacking. We need to adequately provide them with the necessary training and tools so that they in turn educate the nation on HIV and AIDS.

In view of the foregoing, the Ministry has seen it prudent to put in place an HIV and AIDS policy specifically designed for teachers' colleges to guide, reinforce and secure a healthy future for all.

Ministry of Higher and Tertiary Education

1. PREAMBLE

- 1.1 The aim of this policy is to provide colleges and institutions of higher learning with a standard framework, and guidelines for the implementation programmes.
- 1.2 This policy complements the National HIV and AIDS Policy of the Republic of Zimbabwe. It expands, develops and adds new dimensions to the existing programmes currently being implemented by both the public and private sectors. In doing so, this policy shall also strengthen the effectiveness of the National Policy by developing practical solutions to fight the HIV and AIDS pandemic.
- 1.3 As part of the multisectoral response to addressing HIV and AIDS, this policy serves as The Ministry of Higher and Tertiary Education's response to effectively address the epidemic. The ministry and community within teachers' colleges agreed that there is need for a sectoral policy to deal with this epidemic.
- 1.4 The policy seeks to reduce the prevalence of HIV and AIDS and mitigate its impact amongst intended beneficiaries.
- 2.2 The deployment patterns for students, especially married students, in order to avoid separation of spouses during teaching practice.
- 2.4 Lack of qualified personnel for HIV and AIDS education has resulted in most colleges failing to put in place meaningful programmes. Student teachers are deployed without the necessary skills to handle HIV and AIDS education.
- 2.5 A secretariat to deal with HIV and AIDS education programmes.
- 2.6 To introduce a format to train and prepare all stakeholders in HIV and AIDS education as well as run refresher courses for nurses and doctors affiliated to the colleges to prepare them to deal with HIV and AIDS.
- 2.7 Efforts by the Ministry to have colleges running effective HIV and AIDS programmes has not been successful due to the absence of a policy.
- 2.8 Denial by those infected and affected by HIV and AIDS and ignorance about the virus has encouraged stigmatism and negative attitudes by both lecturers, students and other members of the college community.

2. BACKGROUND

There has been a marked increase in the number of reported absenteeism, illnesses and death due to opportunistic diseases. This has resulted in a critical shortage of skilled personnel in this sector.

There is urgent need to address and/or put in place the following:

- 2.1 Problems faced by student teachers during their teaching practice deployment, mainly financial constraints and high risk behaviour.
- 3.1 This policy covers HIV and AIDS, STIs and opportunistic diseases linked to HIV and AIDS.
- 3.2 HIV and AIDS programmes must be integrated into the main budget at ministerial level at the planning stage. This budget should benefit The Ministry, its colleges and the communities they serve
- 3.3 Initiatives must also come from all within the ministry, colleges and the communities they serve.

- 3.4 HIV and AIDS prevention, care and support programmes should be fully integrated into the college curricula and other participatory activities at the colleges.
- 3.5 HIV and AIDS programmes require that both The Ministry and teacher's colleges develop alliances with other ministries and institutions, including schools, as well as those in the private sector and donor community.

4. LEGAL FRAMEWORK

This policy takes into account the 1999 National HIV and AIDS Policy of the Republic of Zimbabwe and should be interpreted in conjunction with statutory instrument 1/2000, statutory instrument 202 of 1998, ILO code of practice on HIV and AIDS and the SADC employment code of conduct on HIV and AIDS.

Key features of HIV and AIDS laws:

- 4.1 Republic of Zimbabwe National Policy on HIV and AIDS.
- 4.2 SADC employment code of conduct on HIV and AIDS. (See Reference Material).
- 4.3 International Labour Organization Policy (Appendix 4).
- 4.4 Labour Relations Act, S.I. 202/98 (HIV/AIDS) Regulations (1998) (Appendix 3).
- 4.5 Reference documents, for example, Zimbabwe constitution 1979.
- 4.6 Education Act Policy circular, for example, S.I. 2002 SADC, ILO code. (Reference Material).
- 4.7 **The Sexual Offences Act** gives stiffer sentences for rape if the offender is HIV

positive. **Section 15** of this Act makes the deliberate infection of another person with HIV a criminal offence. **Sections 9 and 11** makes it an offence to solicit for sex (prostitution).

- 4.8 **The Labour Relations (HIV and AIDS) Regulations of 1998**, Statutory Instrument 202/98, deals with the issue of HIV and AIDS education, and information in the work environment. It insists on confidentiality, and prohibits pre-employment testing. It also covers unfair dismissal resulting from one's HIV status.
- 4.9 The HIV and AIDS policy makes use of these laws, case judgements and any relevant circulars or ministry-generated documents/directives.

5. POLICY OBJECTIVES

The main objectives of this policy are:

5.1 To provide a standard framework and guidelines

which colleges and institutions of higher learning can use in the implementation of their programmes.

5.2 To prevent new infection and the spread of HIV and AIDS

by encouraging responsible behaviour.

5.3 To provide care and support for the infected and affected

by empowering them with skills to cope with their condition. Ensure that both structures and a conducive and supportive environment exists in all colleges to empower and support those infected and affected.

5.4 To train and equip students and staff

by offering continuous in-service training

on HIV and AIDS, and provide accurate and up-to-date information on HIV and AIDS.

5.5 To produce peer educators, trainers and volunteers who are adequately equipped

and empower them to confidently carry out outreach programmes in the communities they serve.

5.6 To mainstream gender issues

into the college HIV and AIDS programmes.

5.7 To form smart partnerships

to enhance HIV and AIDS program implementation.

6. COMPONENTS OF THE POLICY

The Teachers' Colleges policy deals with the following components:

risk reduction, reducing stigma and discrimination, care and support (including counselling), teaching skills, the rights of PLWAS, gender and HIV and AIDS, and collaborating with other stakeholders.

6.1 Mainstreaming the HIV and AIDS programme into professional training and other activities within all departments at the college

6.1.1 Professional training

HIV and AIDS education shall form part of the curriculum at all colleges. The college

community should learn and understand how HIV and AIDS affects them. They should also learn how to deal with the issues and how to relate to people within the communities they live and work in.

6.1.1.1 Members of the college community should be familiar with this policy and the laws relating to HIV and AIDS in general.

6.1.1.2 Information on all the known HIV and AIDS prevention methods should be freely and easily available to all members of the college community.

6.1.1.3 The strategy is that colleges should **produce members of the college community who are:**

- **trained and skilled to help** prevent the spread of HIV
- **able** to cope with HIV and AIDS infected and affected people in the classroom and community
- **equipped** with information to provide care and support for infected and affected people
- **trained to provide** effective responses to the new challenges that HIV and AIDS poses on the education sector.

6.1.2 Sport and recreation as part of HIV and AIDS awareness programme

6.1.2.1 Sport and other forms of recreation should be adopted as participatory methods in HIV and AIDS awareness programmes.

6.1.2.2 Colleges should encourage and establish HIV and AIDS sporting and recreational activities, including inter-college participation.

6.1.2.3 It is generally accepted that almost all sports activities present little risk of HIV infection. There is therefore no reason why those who are HIV positive should not participate in sport.

6.1.2.4 Any attempt to deny HIV positive people their right to participate in sporting activities should be treated as an infringement on their rights.

6.1.2.3 In the event of an accident which results in bleeding, the steps cited in the Universal Precautions (Appendix 1) should be followed.

6.2 Formulation of programmes for prevention, care and support in colleges

6.2.1 Prevention

6.2.1.1 Colleges should put in place specific risk-reduction programmes for the college community. Members of the college community should be equipped to deal with aspects of HIV and AIDS that affect their daily lives.

6.2.1.2 Education programmes ensuring that the members of the college community are well versed about the effects of HIV and AIDS infections should be available at all colleges.

6.2.1.3 All colleges should train members of the College community to understand preventive methods available to them as young adults, and encourage them to adopt a caring and tolerant attitude towards those infected or affected by HIV and AIDS.

6.2.1.4 Colleges should offer free counselling and testing.

6.2.1.5 STIs infections should be treated free at all colleges.

6.2.1.6 Free condoms should be made available at all colleges.

6.2.1.7 Voluntary HIV testing should be available for free and be conducted in total confidence.

6.2.1.8 Colleges should set up programmes and centres to help students and lecturers cope with illness, depression, bereavement, and grief.

6.2.1.9 The ministry and colleges shall jointly and periodically monitor and review the welfare of the student teachers. Educational grants must be adequate to deter student teachers from engaging in illicit activities such as prostitution to augment their payout (salary).

6.2.1.10 The ministry and colleges should encourage members of the college community to have comprehensive medical aid schemes.

6.2.1.11 Every member of the college community shall have any sexually transmitted infection treated without delay and avoid infecting others.

6.2.1.12 The ministry shall make available guidelines to assist colleges in dealing with sensitive issues relating to sexual relationships, and sexual harassment.

6.2.1.13 All colleges shall ensure that the spread of HIV is prevented by promoting responsible behaviour and following the Universal Precautions (See Appendix 2) when dealing with the risk of exposure to blood and body fluids.

6.2.2 Care

6.2.2.1 The ministry should, in collaboration with all the colleges, the NAC, other ministries and stakeholders, develop a nutritional treatment and care programme for the infected. In addition, the early treatment of HIV as well as any opportunistic diseases and the availability of inexpensive generic drugs should be prioritised.

6.2.2.2 The ministry should help source for and encourage the procurement and donation of affordable anti-retroviral drugs to the colleges.

6.2.2.3 The ministry shall empower and ensure that all colleges develop and maintain links with referral institutions.

6.2.3 Support

6.2.3.1 All colleges should have counselling programmes available to members of their communities. These should be supportive and strict confidentiality should be observed.

6.2.3.2 The ministry should encourage colleges to identify and develop innovative ways of offering support for infected and affected students and staff.

6.2.3.3 The ministry and colleges shall ensure that there are well-staffed and well-equipped clinics and Voluntary Counselling and Testing Centres linked to all colleges.

6.2.3.4 The ministry and colleges shall initiate programmes that offer care and support to members of the college community who are infected and affected by HIV and AIDS

6.3 The rights and responsibilities of members of the college community infected or affected by HIV and AIDS

6.3.1 An HIV test or revealing one's HIV status should not be a mandatory requirement for admission or employment.

6.3.2 Disclosure of one's HIV status should also not be required at any stage during the member of the college community's tenure at the college.

6.3.3 No college staff or student may disclose another student or staff member's HIV status without that person's consent. Any consent given should be in writing.

6.3.4 All colleges shall not tolerate any prejudice

or discrimination against those living with HIV and AIDS as stipulated in the *National HIV and AIDS Policy of Zimbabwe (1999)*, *Statutory Instrument 202 of 1998*; (Appendix 3).

6.3.5 All colleges shall strive to ensure that any exposure to HIV is avoided. The colleges should have in place the necessary facilities for prevention, care, and treatment.

6.3.6 Every student and staff member has a moral obligation to be a responsible member of society and ensure that he or she does not infringe on someone else's rights.

6.3.7 People should take all necessary precautions to avoid spreading, infecting or being infected. Those infected shall not abuse their rights by deliberately avoiding carrying out their duties or coursework unless instructed by a medical doctor.

6.3.8 Any form of discrimination and stigmatism against those infected or affected by HIV and AIDS shall be strongly discouraged. Those who may be inclined to express negative sentiments, should be counselled and educated about living positively with HIV and AIDS.

6.3.9 All colleges shall mainstream gender issues. All students and staff members should be educated about the importance of gender as stipulated in *The National HIV and AIDS Policy of Zimbabwe (1999)*.

6.4 Implementation of the policy: planning, programme development, and mechanisms to make it work

6.4.1 Network structures, services, monitoring and evaluation

6.4.1.1 The ministry, college principals, vice-principals and senior staff, shall work together to ensure the full implementation of this policy and regular, periodic reviews

of programmes.

6.4.1.2 Everyone should be familiarised with the objectives of the policy and its guidelines through meetings and college-based workshops.

6.4.1.3 HIV and AIDS education shall be given the same importance as any other other subject.

6.4.1.4 Voluntary counselling and testing services shall be made available at every college and be part of every college's policy implementation programme.

6.4.1.5 All students and staff members shall be encouraged to participate in HIV and AIDS programmes and make use of the VCT services.

6.4.1.6 The ministry shall provide both funds and technical support for VCT services.

6.4.1.7 All colleges should introduce peer education programmes.

6.4.1.8 Colleges shall be expected and encouraged to exchange information, programmes and projects on HIV and AIDS.

6.4.1.9 HIV and AIDS Programmes implementation shall be monitored and evaluated periodically.

6.4.1.10 HIV and AIDS programmes must have clearly-defined objectives and reliable assessment methods.

6.4.2 Methods of implementing the HIV and AIDS policy

Having outlined the objectives of this policy, mechanisms need to be put in place to ensure the full implementation of the policy in support of the National Policy on HIV and AIDS of Zimbabwe (1999).

This will require the full participation of all stakeholders at all stages from gathering support for the policy, planning, developing strategies and the decision-making process

itself.

The following methods can be used to ensure that the policy's objectives are effectively addressed:

6.4.2.1 Workshops

Participatory approaches such as workshops can enhance the implementation of the HIV and AIDS policy.

6.4.2.2 Participatory activities

To get an insight into the problems and needs of terminally ill AIDS patients, as well as the gravity of the pandemic, members of the college community are urged to visit these terminally ill patients, and participate in various other informative activities.

6.4.2.3 Focused group discussions

Students as well as lecturers should encourage each other to engage in group discussions as a way of educating each other and encouraging every individual to become active in HIV and AIDS programmes.

6.4.2.4 Drama, music, dance and poetry

Drama, music and poetry recitals are very powerful educating methods for the HIV and AIDS policy. Colleges can encourage their college community members to form drama clubs, music groups and poetry clubs. These groups and clubs can reach rural communities where entertainment is limited.

6.4.2.5 Puppetry, edu-dance entertainment

Use of puppet shows and edu-dance entertainment can encourage people, especially children, to adopt a positive attitude towards HIV and AIDS education. Schools can prove to be popular venues for conducting such entertainment.

6.4.2.6 Debates

Incorporating HIV and AIDS education into schools and colleges by use of debating clubs and public debate sessions will serve to highlight the importance of HIV and AIDS issues being faced by the community.

6.4.3 Programme reviews

A strong and thorough evaluation mechanism on all aspects of the policy shall be put in place and be accountable to all stakeholders.

6.5 Planning and Budgeting

- 6.5.1 The ministry and colleges should liaise closely to work out a financial budget for HIV and AIDS programmes.
- 6.5.2 All colleges shall establish an HIV and AIDS department which shall, together with the secretariat at the ministry head office, oversee the smooth running of all HIV and AIDS programmes.
- 6.5.3 Up-to-date records of all transactions shall be kept and the audited reports be readily available.

6.6 Policy Review

- 6.6.1 The HIV and AIDS policy needs to be reviewed regularly since HIV and AIDS is a dynamic and persistent problem.
- 6.6.2 These reviews shall monitor and evaluate, amend or update the policy's effectiveness against HIV and AIDS.
- 6.6.3 The up-to-date educative methods shall be used to introduce new or updated methods of combating HIV and AIDS.

Reference Material

1. Preamble

Education Assessment Team, HIV and AIDS (APRIL 2002) *The Impact of HIV and AIDS on Education in Zimbabwe*
Republic of Zimbabwe, *National Policy on HIV and AIDS 1999*

4. Legal Framework

Republic of Zimbabwe, *National Policy on HIV and AIDS 1999*

SADC, *Code of conduct of HIV and AIDS and employment in the Southern African Development Community (SADC)*

International Labour Organization, *An ILO code of practice on HIV and AIDS and the world of work*

- Zimbabwe Labour Relations (HIV and AIDS) Regulations, 1998 (Supplement to the Zimbabwean Government Gazette dated the 14th August, 1998)

International Labour Organization Policy

4. Key principles

- 4.1. Recognition of HIV and AIDS as a workplace issue
- 4.2. Non-discrimination
- 4.3. Gender equality
- 4.4. Healthy work environment
- 4.5. Social dialogue
- 4.6. Screening for purposes of exclusion from employment or work process
- 4.7. Confidentiality
- 4.8. Continuation of employment relationship
- 4.9. Prevention
- 4.10. Care and support

“An ILO code of practice on HIV and AIDS and the world of work”

Appendix 1

UNIVERSAL PRECAUTIONS

What are universal precautions?

Universal precautions are infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids.

The Laboratory Centre for Disease Control, Health Canada and the U.S. Centers for Disease Control have developed the strategy of "Universal Precautions" to prevent contact with patient blood and body fluids. Universal precautions stress that all patients should be assumed to be infectious for blood-borne diseases such as AIDS and hepatitis B.

Should universal precautions be applied to all work places?

In the work place, universal precautions should be followed when workers are exposed to blood and certain other body fluids, including:

semen
vaginal secretions
synovial fluid
cerebrospinal fluid
pleural fluid
peritoneal fluid
pericardial fluid
amniotic fluid

Universal precautions do not apply to:

faeces
nasal secretions
sputum
sweat
tears
urine
vomitus
saliva (except in the dental setting, where saliva is likely to be contaminated with blood)

Universal precautions should be applied to all body fluids when it is difficult to identify the specific body fluid or when body fluids are visibly contaminated with blood.

How can workers prevent exposure to blood and body fluids?

Barriers are used for protection against occupational exposure to blood and certain body fluids.

These barriers consist of:

- Personal protective equipment (PPE)
- Engineering controls
- Work practice controls

Personal Protective Equipment (PPE) - PPE techniques that reduce the likelihood of exposure by changing the way a task is performed. Examples of activities requiring specific attention to work practice controls include: hand washing, handling of used needles and other sharps and contaminated reusable sharps, collecting and transporting fluids and tissues according to approved safe practices.

(Canadian Centre for Occupational Health and Safety)

Appendix 2

Recorded deaths in selected colleges in 2000 and 2001

College	2000		2001	
	Teaching staff	Students	Teaching staff	Students
Mutare Teachers'	1	5	2	3
Mary Mount	1	11	2	9
Masvingo	1	9	1	7
Gwanda	1	5	1	17
Seke	2	6	3	6
Morgan	0	11	0	8
Hillside	1	1	1	1
Gweru Tech	4	2	1	0
Total	11	50	11	51

Source: MOHET, April 2002

(Status Report on the General Course in HIV and AIDS in Teachers' Training Colleges, May 2002)

Appendix 3

STATUTORY INSTRUMENT 202 OF 1998

Labour Relations (HIV and AIDS) Regulations, 1998

The legal provisions were adopted by the National Tripartite committee.

The regulations aim to ensure non-discrimination between individuals with HIV infection and those without; and between HIV and AIDS and other comparable life-threatening medical conditions.

In relation to employment, they establish that HIV-infection is an infection with a virus that by itself does not affect an employee's ability to perform the functions

for which he/she will be or has been assigned in employment.

The law establishes rights and responsibilities of both employers and employees with regards to the prevention and management of HIV and AIDS and its employment consequences.

Appendix 4

Gender and HIV and AIDS: an analysis of Zimbabwe's national policies and programmes on HIV and AIDS/STIs

Summary:

A report by the National AIDS Council of Zimbabwe, the National AIDS Trust Fund, and the Zimbabwe Women's Resource Centre and Network, Harare, Zimbabwe, 2003

The report's premise is that women and men, girls and boys have experienced the HIV and AIDS epidemic very differently. It argues that the epidemic has exposed the deeply ingrained gender inequalities and imbalances of our societies and for as long as they shape our existence, these gender inequalities will provide fertile turf for HIV and AIDS to fester. Yet the relationship between gender, HIV and AIDS and poverty has not always been understood in a way that informs policy [emphasis added] and encourages the adoption and implementation of practical strategies that empower communities to actively and effectively respond to the very many and diverse impacts the epidemic has had on females and males within households, communities and societies.

Appendix 5

*POLICY Guiding Principles

Recognition of HIV and AIDS as a sectoral problem

- 1 The human rights and dignity of people living with HIV and AIDS should be protected and

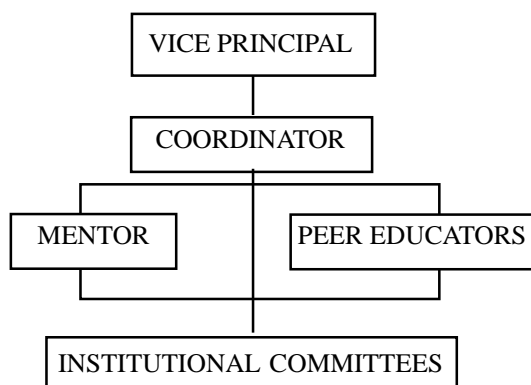
promoted.

- 2 Positive or negative discrimination, stigma and any form of prejudice should be avoided as far as is consistent with the rights of society and those who are not infected.
- 3 Reducing HIV transmission should be central to combating the HIV and AIDS epidemic.
- 4 Counselling services should be made accessible to all people affected by HIV and AIDS.
- 5 Students should be protected from any form of harassment that is likely to expose them to any form of sexual abuse.
- 6 All HIV and AIDS programmes should be gender sensitive and include gender-related issues.
- 7 All persons have the absolute right to clear and accurate information, education and communication on HIV and AIDS/STIs.

**also see The Guiding Principles (Appendix II) as stated in the National Policy on HIV and AIDS for the Republic of Zimbabwe (1999).*

Appendix 6

SUGGESTED IMPLEMENTATION STRUCTURE AT A TEACHER'S COLLEGE



It was suggested that the coordinators reported directly to the Vice Principal and the Vice Principal then goes to the Principal.

(Report on the General Course in HIV and AIDS in Teachers' Colleges)

Appendix 7

Status Report on the General Course in HIV and AIDS in Teachers' Training Colleges, May 2002

2. Identified Needs and Problems on the HIV and AIDS Programme in Teachers' Training Colleges.

Four aims are given for the General course in HIV and AIDS in TTCs as follows:

- To provide accurate and comprehensive knowledge on STDs and HIV and AIDS issues
- To Promote responsible behaviour
- To inculcate positive attitudes towards People With AIDS (PWAs)
- To provide appropriate information for Education Communication skills on STDs and HIV and AIDS

In order to achieve these aims, assessments and evaluations carried out on the programme indicate the need to support and strengthen the programme in several areas. The following are some of the needs identified:

- (a) Full time staff on the programme and stronger institutional structures for the programme
- (b) Course delivery shortcomings
- (c) Adequate resources for effective delivery of the programme
- (d) Training for Lecturers
- (e) Continuous training for peer educators
- (f) Lack of exposure, support systems and community linkages

Appendix 8

Guidelines on first aid and HIV and AIDS

In **first-aid** situations, many people are worried about disease transmission. This concern has increased as a result of the AIDS (acquired immune deficiency syndrome) epidemic. AIDS is caused by HIV (human immunodeficiency virus) which breaks down the body's immune system and can lead to fatal infections. People can carry the HIV virus for more than eight years without developing AIDS but, during that time, they can still infect others.

The risk of catching any transmissible diseases, such as hepatitis B, hepatitis C, HIV, etc., when giving **first aid** is far less than people think. And this risk is further reduced by taking appropriate precautions and applying basic hygienic measures. Information on **HIV and AIDS**

Ways in which HIV is transmitted

- through blood and blood products, other body fluids and transplanted organs that contain the virus
- from an HIV-infected mother to her child during pregnancy, childbirth or through breast-feeding.
- through unprotected sexual intercourse with someone who has HIV (man to woman, woman to man, man to man)
- You not only have the responsibility to protect yourself, but also to tell others how to avoid HIV infection.

You can do this by:

- making sure needles, syringes or other instruments are sterile if skin is to be pierced
- or cut;
- ensuring injection needles and syringes are never shared;
- making sure that only safe blood, which has been tested for HIV, is used for transfusion;
- choosing abstinence - no sex is safest!

Guidelines on first aid and HIV and AIDS

insisting on safer sex through the use of condoms. *It is your responsibility to protect yourself and*

others by taking preventive measures and reducing risks

Ways in which HIV is not transmitted

- giving **first aid** when good safety practices are followed;
- contact of blood or other body fluids on unbroken skin;
- giving blood if you are not HIV-positive;
- caring for someone with **HIV and AIDS** when appropriate precautions are taken;
- touching, hugging and shaking hands;
- mosquitoes or any other biting insects;
- coughing and sneezing;
- food and water;
- air;
- toilet seats;
- sharing clothes and bedding;
- swimming with a person who has **HIV and AIDS**.

The International Federation of Red Cross and Red Crescent Societies position on **HIV and AIDS** is guided by the Fundamental Principles of the Red Cross and Red Crescent Movement.

The position advocates:

- providing humanitarian support without discrimination to people with **HIV and AIDS**; and
- mobilizing volunteers to work with governments and other organizations in the fight against **HIV and AIDS**.

First aid saves lives. Give first aid to anyone in need without discrimination and treat them all with respect.

(Guidelines on **first aid and HIV and AIDS**)

First aid and HIV and AIDS

It is important to remember that, as yet, no cases of transmission during **first aid** have ever been reported. Some studies have shown, however, that there is a risk of transmission of disease during exposure to blood, saliva and other body fluids, but this risk is reduced if you are prepared for emergencies at all times. You should,

therefore, always follow high standards of precaution and preventive measures.

Don't forget

- People who are HIV positive can remain healthy for a long time before they develop AIDS. But they can still infect others, so do not try to guess who might be infected.
- People living with **HIV and AIDS** have the right to receive **first aid** without discrimination.
- Concern about infection can work both ways -“ transmission from the injured person to the **first** aider or from the **first** aider to the injured person.
- Once outside the body HIV is fragile and does not survive for long.
- Unbroken skin is a good barrier to prevent direct contact with HIV. The virus cannot get through unbroken skin.

Follow high standards of precaution and preventive measures at all times

Guidelines on first aid and HIV and AIDS

1. The **first** set of *Guidelines on first aid and HIV and AIDS* was developed in collaboration with the World Health Organization for the **first-aid** teams of national Red Cross and Red Crescent societies.

2 These guidelines strengthen existing national regulations. They should be applied in accordance with country and local-level procedures, such as those governing the management of contaminated wastes.

Basic hygienic measures in first aid

- Wash your hands with soap and water before and immediately after giving **first aid**. If gloves are available for use in **first-aid** situations, you should also wash your hands well before putting them on and after disposing of them.
- Avoid contact with body fluids when possible. Do not touch objects that may be soiled with blood or other body fluids. Be particularly attentive and take precautionary measures, especially the use of gloves, if you have to provide **first aid** in situations where there are mass casualties or fighting.
- Be careful not to prick yourself with broken glass or any sharp objects found on or near the injured person.

- Prevent injuries when using, handling, cleaning or disposing of sharp instruments or devices.
- Cover cuts or other skin breaks with dry and clean dressings.
- Chronic skin conditions may cause open sores on hands. People with these conditions should avoid direct contact with any injured person who is bleeding or has open wounds.

Wash your hands with soap and water before AND immediately after giving first aid

Specific areas of concern

1. Giving mouth-to-mouth ventilation (also called mouth-to-mouth breathing)

- This life-saving procedure should not be withheld through fear of contracting HIV or other infections. There are no reported cases of HIV transmission from mouth-to-mouth ventilation, but if the injured person is bleeding from the mouth or the **first** aider has open mouth-sores, direct contact with blood should be avoided.
- Use a clean cloth or handkerchief, if available, to wipe away any blood from the injured person's mouth and to ensure clear airways.
- Learn how to use simple face shields or pocket masks during mouth-to-mouth ventilation. If possible, **first-aid kits** should contain such shields or masks, or the **first** aiders should carry their own.

The absence of face shields or pocket masks should NOT be a reason to withhold mouth-to-mouth ventilation

2. Dealing with someone who is bleeding

Bleeding can be life threatening. A person losing blood needs **first aid** to stop the bleeding.

- If possible, instruct the injured person that he/she can stop the bleeding by applying direct pressure to the wound himself/herself.
- If the injured person cannot stop the bleeding for any reason, you can use clean, thick cloth, clothing or any other suitable material as a barrier to stop the bleeding and to avoid direct contact with the blood. When this compressive bandage is not efficient or possible, apply proximal pressure on the main artery.
- If you have gloves with you, wear them, especially in case of mass casualties or fighting.

Basic hygiene, a few simple precautions and good common sense are needed in first aid

to reduce the risk of catching transmissible diseases

3. Being in contact with the injured person's blood

- If your hands are contaminated with blood, wash them thoroughly with soap as soon as possible.
- If another part of your body is splashed or contaminated by blood or body fluids, especially the eyes, wash or flush it with lots of water.
- If your skin is cut by any object that is contaminated with blood, wash the wound thoroughly with soap and water and apply a dry and clean dressing.

If you are worried that you have been in contact with any kind of infection, seek confidential medical advice, counselling and testing

4. Cleaning up blood spills

- Spilt blood should be soaked up with absorbent materials such as a cloths, rags, paper towels or sawdust. These materials should be considered as contaminated waste and be put in plastic bags for disposal, or burnt or buried.
- The area contaminated with blood should then be washed with a disinfectant (preferably sodium hypo-chlorite • household bleach • diluted 1:10 with water to give 0.1-0.5 per cent concentration) to clean the area. Wait for 10 to 15 minutes before rinsing the contaminated area.
- Wear general-purpose utility gloves, thick rubber household gloves or two pairs of ordinary gloves to avoid contact with blood when cleaning the contaminated area. Put the gloves in a plastic bag for disposal after use.
- If gloves are not available, use other suitable materials to avoid direct contact with the blood.
- Another alternative disinfectant is sodium dichloroisocyanurate or NaDCC, used at 0.2-0.5 per cent concentration.

You should always wash your hands with soap and water after cleaning up blood or other body fluids

5. Cleaning materials contaminated with blood

Cloths or clothing that are contaminated with blood should be handled with great care.

- Wear general-purpose utility gloves or thick rubber household gloves if you have to handle

contaminated cloths or clothing, which should then be disposed of properly, burnt or buried.

- If contaminated cloths or clothing need to be washed, use detergent and hot water (at least 70 degrees Celsius) and soak for at least 25 minutes, or use cooler water with a detergent suitable for cold-water washing.

Materials contaminated with blood should be handled with great care

Barriers to transmission

To minimize the risk of disease transmission, various types of barriers and shields have been developed for use by **first** aiders and they should be included in **first-aid kits**. You should learn how to use these barriers.

- Gloves can be used and disposed of after use.
- Face shields or pocket masks can be used in mouth-to-mouth ventilation.
- Plastic bags can be used as gloves for protection and for collecting any soiled material.
- Thick cloth, clothing or any other suitable material can also be used as a barrier to avoid contact with body fluids.

Unbroken skin is a good barrier to prevent infection. But the absence of barriers is NOT a reason to refuse to give first aid

What you can do

High standards of precautionary and safe practices are essential at all times to prevent the remote risk of contracting **HIV and AIDS** by giving **first aid**. The chances of contracting **HIV and AIDS** are much reduced if you have safe sex or are not involved in other high-risk activities as described above (*see Ways in which HIV is transmitted*)

Protect yourself and tell others, including friends and family, how to protect themselves against HIV and AIDS

(Guidelines on **first aid** and **HIV and AIDS**)
